

FORM K

SUBDIVISION COMPLETION CERTIFICATE

North Andover, MA _____, 20____

Name of Subdivision _____

Owner _____

Date of Application _____

Date of Approval or other action by Planning Board _____

Performance Guarantee _____

Way Completed to Satisfaction of:

Conservation Commission
Date: _____

By _____

Sewer Division
Date: _____

By _____

Water Division
Date: _____

By _____

Board of Health
Date: _____

By _____

Building Department
Date: _____

By _____

Planning Department
Date: _____

By _____

Planning Board Inspector
Date: _____

By _____

Release of Bond or Security Approved by the North Andover Planning Board

Date: _____ By _____, Chairman

By _____, Clerk

Approved as to Form: _____ Date: _____